



3679

AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.	
SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT		
09/828567	April 9, 2001	J. Schiffman	3679		
INVENTION					
IMPROVED BOARD ANCHOR					
TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.					
<input checked="" type="checkbox"/> No additional fee is required.					
<input type="checkbox"/> The fee has been calculated as shown below:					

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(1)		(2)		(3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT FEE	OR	RATE	ADDIT FEE
TOTAL	*	MINUS	**			X \$6 =	\$		X \$12 =	\$
INDEP	*	MINUS	***			X \$17 =	\$		X \$34 =	\$
FIRST PRESENTATION OF MULTIPLE DEP CLAIM						X \$55 =	\$		X \$110 =	\$
						TOTAL	\$	OR	TOTAL	\$

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
***If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

☐ Please charge my Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

☐ Any additional filing fees required under 37 CFR 1.16.

☐ Any patent application processing fees under 37 CFR 1.17.

February 4, 2003 (date)

(signature)

pto/amttrans